

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5265AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2008
NAME OF PROVIDER OR SUPPLIER SANFIL DREAM HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1709 RYAN AVE LAS VEGAS, NV 89101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the initial State Licensure survey conducted at your facility on August 27, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility requested a license for 6 total beds.</p> <p>NOTE: The facility meets the space requirement for six beds by utilizing all four bedrooms within the facility.</p> <p>The facility had the following category of classified beds: Category 1 - 3 beds; and Category 2 - 3 beds.</p> <p>The facility had the following endorsements: Residential facility for the elderly or disabled persons Residential facility for persons with mental illnesses</p> <p>The census at the time of the survey was 0. One mock resident file was reviewed and 3 employee files were reviewed.</p> <p>No complaints were investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1	Y 000		
Y 051	<p>The following regulatory deficiencies were identified:</p> <p>449.194(2) Administrator's Responsibilities-Designation</p> <p>NAC 449.194 The administrator of a residential facility shall:</p> <p>2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the administrator failed to designate one or more employees to be in charge of the facility during those times when the administrator would be absent.</p> <p>Findings include:</p> <p>No written statement designated an employee to</p>	Y 051		

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Y 051	Continued From page 2 be in charge when the Administrator was not present within the facility. Caregiver #2 indicated that an employee not yet hired would be in charge when the Administrator was not present within the facility.	Y 051		
Y 070	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 8 hours of training for 1 of 3 employees. (#1) Findings include: Employee #1's file (hire date 2005) did not contain documented evidence of eight hours of training relating to the needs of the residents of the facility.	Y 070		
Y 072	449.196(3) Qualifications of Caregiver-Med re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must:	Y 072		

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Y 435	Continued From page 4 annually. Findings include: The fire extinguisher in the facility had an inspection tag dated August 17, 2007.	Y 435			

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